

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90458 050 \*\*\*\*61.25

**DOCUMENT # N33965**

1. Entity Name

**GRAND BAY CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

P O BOX 12  
991 N. BARFIELD DRIVE  
MARCO ISLAND FL 33969

Mailing Address

P O BOX 12  
991 N. BARFIELD DRIVE  
MARCO ISLAND FL 33969

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0201111**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**11002251**



6. Name and Address of Current Registered Agent

**SAFE HARBOR PROPERTY MGMT**  
**233 S. COLLIER BLVD**  
**MARCO ISLAND FL 34145**

7. Name and Address of New Registered Agent

Name

**PATAS, DENISE A.**

Street Address (P.O. Box Number is Not Acceptable)

**267 N. COLLIER BLVD. STE 201**

City

**MARCO ISLAND,**

**FL**

Zip Code  
**34145**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Denise A Patas*

*4/4/03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **ST** ☒ Delete  
NAME **HARROD, DELORES**  
STREET ADDRESS **1210 DALMALLY CT**  
CITY-ST-ZIP **LOUISVILLE KY 40222**

TITLE **VPT** ☐ Delete  
NAME **HERWIG, PAMELA**  
STREET ADDRESS **991 N. BARFIELD DR #407**  
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE **DT** ☐ Delete  
NAME **SUPPO, DEL**  
STREET ADDRESS **38 MANOR RD**  
CITY-ST-ZIP **DONORA PA 15033**

TITLE **D** ☐ Delete  
NAME **HEARN, KAREN**  
STREET ADDRESS **5095 SUGARCAMP RD**  
CITY-ST-ZIP **MILFORD OH 45150**

TITLE **PT** ☒ Delete  
NAME **WOODCROFT, RICHARD**  
STREET ADDRESS **991 N BARFIELD DR #408**  
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition  
NAME **BURNS, ROGER**  
STREET ADDRESS **163 SCENIC LAKE DRIVE**  
CITY-ST-ZIP **RIVERHEAD, NY 11901**

TITLE **TD** ☒ Change ☐ Addition  
NAME **HERWIG, PAMELA**  
STREET ADDRESS **991 N. BARFIELD DR #407**  
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE **VPD** ☒ Change ☐ Addition  
NAME **SUPPO, DEL**  
STREET ADDRESS **38 MANOR RD**  
CITY-ST-ZIP **DONORA, PA 15033**

TITLE **PD** ☒ Change ☐ Addition  
NAME **HEARN, KAREN**  
STREET ADDRESS **5095 SUGARCAMP RD**  
CITY-ST-ZIP **MILFORD, OH 45150**

TITLE **D** ☐ Change ☒ Addition  
NAME **CORT, ROBERT**  
STREET ADDRESS **65 UPPER OAK POINT RD**  
CITY-ST-ZIP **WINTERPORT, ME 04496**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Richard Woodcroft*

*4/4/03*

CR2E037 (10/02)